



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES July 9, 2009

Approved 8/13/09

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC, CONT.	COMMISSION STAFF/CONSULTANTS
Carla Bailey, <i>Co-Chair</i>	Anthony Bongiorno	Sharon Holloway	Julie Cross
Anthony Braswell, <i>Co-Chair</i>	Nettie DeAugustine	Miki Jackson	Erinn Cortez
Everett Alexander	Terry Goddard	Janelle L'Heureux	Carolyn Echols-Watson
Sergio Aviña	Ted Liso	Bryce McDavitt	Dawn McClendon
Al Ballesteros	Jenny O'Malley	Ingrid Marchus	Jane Nachazel
Carrie Broadus	Peg Taylor	Elmer Martinez	Glenda Pinney
Robert Butler	Chris Villa	Roberto Melendez	James Stewart
Eric Daar	Fariba Younai	Ruel Nollado	Craig Vincent-Jones
Whitney Engeran-Cordova		Joanne Oliver	Nicole Werner
Douglas Frye		Carla Osorio	
David Giugni	PUBLIC	Herbeth Osorio	
Jeffrey Goodman	Diane Alarcón	Karen Parker	OAPP/HIV EPI STAFF
Michael Johnson	Gustavo Arguelles	Victor Pereda	Chi-Wai Au
Lee Kochems	Miguel Ayala	Mickie Robbins	Kyle Baker
Brad Land	Michelle Bautista	Rene Rodriguez	Michael Green
Anna Long	Vanessa Cardona	Tania Rodriguez	Jennifer Sayles
Manuel Negrete	Phil Curtis	Silvia Valerio	Juhua Wu
Quentin O'Brien	Cuaultievnoc Diaz	Justo Velasquez	
Everardo Orozco/Ron Osorio	Roman Dimas	Del Vaughn Walker	
Dean Page	Thanh Doan	Maria Zepeda	
Angélica Palmeros	Miguel Fernandez		
Mario Pérez	Susan Forrest		
Robert Sotomayor	Charlie Gremeldi		
Kathy Watt	Tonya Hendricks		

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:15 am. He introduced new Commissioner Everett Alexander.
 - Roll Call (Present):** Alexander, Aviña, Bailey, Braswell, Ballesteros, Broadus, Butler, Daar, Engeran-Cordova, Frye, Giugni, Goodman, Johnson, Land, Long, Negrete, O'Brien, Orozco/Osorio, Page, Palmeros, Watt
- APPROVAL OF AGENDA:**
 - MOTION 1:** Approve the Agenda Order (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**
 - MOTION 2:** Approve the minutes from the June 11, 2009 Commission on HIV meeting (*Passed by Consensus*).

4. CONSENT CALENDAR:

MOTION 3: Approve the Consent Calendar with Motions 4 and 5 preserved for later consideration (*Passed by Consensus*).

5. PARLIAMENTARY TRAINING: There was no training.

6. PUBLIC COMMENT, NON-AGENDIZED: There were no comments.

7. COMMISSION COMMENT, NON-AGENDIZED: Mr. Land reminded all to speak to issues rather than question colleagues' intent. Mr. Orozco encouraged consumers to continue to participating. Mr. Braswell thanked Commissioners/staff for their work.

8. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no comments.

9. STANDING COMMITTEE REPORTS:

A. Priorities & Planning (P&P) Committee: Commissioners identified their conflicts of interest prior to opening discussion as is required for discussion of allocations.

- Mr. Goodman reminded the Commission that the Committee's allocation work had entailed eight Committee and four Commission meetings. He assured consumers P&P would not risk anyone going hungry despite rumors circulated to a large extent by agencies. He noted that early half of the P&P Committee members are consumers. The Commission allocates funds but does not solicit or contract services. However, the Commission also advises the Board, for example, to ensure services are delivered appropriately and in a timely fashion.
- New service categories will help move the system towards implementation of Medical Care Coordination (MCC) in FY 2011 for a stronger, more seamless system that will include treatment adherence (education) incorporated into medical service categories. Benefits Specialty (Benefits Specialty) has been developed over the last two years and is being implemented in SPA 1. Health Insurance Premiums/Cost-Sharing helps maintain insurance coverage and has been successful elsewhere.
- Ms. Broadus felt the statement should have been in the packet for advance consideration as it relates to the presentation. Ms. Watt indicated that the statement was similar to that at the Committee meeting where allocations were reconsidered. Mr. Braswell indicated that the P&P Co-Chairs had received threats, and inaccurate statements about the Commission's intentions had been distributed in the community and had engendered unnecessary fear among consumers. He felt that their statement was appropriate.
- Mr. Vincent-Jones noted co-chairs and/or committees routinely make statements prior to presentations. Co-chairs have made statements before and he has encouraged writing them down, as has he, to ensure they are cogent. Such statements have never been in the packet. He did add, however, that the issue could be forwarded to the Executive Committee for consideration of policy governing statements in the future.
- Mr. Ballesteros appreciated the consumers voicing their concerns though some of what was said was egregious. Mr. Johnson was disturbed by the June meeting as consumers had been told inaccurate information. He noted that contractors are required to communicate responsibly, and cautioned consumers to keep copies of information they've been given, and to air their grievances, as appropriate. He reminded consumers that there are internal processes for agency grievances and a WarmLine if that is insufficient.
- Mr. Stewart said if a fact is presented that others consider inaccurate the different perspectives are included in the record. The body decides based on its assessment of which perspective is the more relevant rather than on a debate on the perspectives. Ms. Jackson said it is important to clarify the facts when inaccurate information is presented. It is disrespectful both to distribute inflammatory material and not to correct inaccuracies.
- Ms. Broadus felt that members could not be truly empathetic because they could not fully understand the effect of institutionalized racism. She noted many small agencies serving disenfranchised populations work on a small budget and a \$300,000 cut represent the entire budget for a small agency.
- Mr. Giugni felt no provider should be identified by name as several distributed such information. Mr. Vincent-Jones clarified that the Commission cannot discuss providers regarding contracts and procurement/solicitation. There have been plenty of times that specific providers have been discussed, especially if contracted agencies are so few as to be obvious. In this case, he added, the provider voluntarily offered program details for discussion purposes. In that context, the information should be regarded as data and treated in the manner that all data the Commission receives, reviews and considers.
- The Co-Chairs moved to restore 1% to Nutrition Support (NS) and initiate a study over the next year of NS services to PWH. The 1% was taken from Outreach, despite the need to reach those not in care, while the study is conducted.

➡ Refer when to include co-chair statements in the packet to the Executive Committee.

1. FY 2010 Allocations:

- Mr. Goodman highlighted two recommended changes made pursuant to the Commission's referral of allocations back to Committee. These are: 1) 1% restoration to Nutrition Support concurrent with a directive to study NS to inform FY 2011 allocations. 2) Fund Nutrition Support with the 1% previously allocated to Outreach, accompanied by notice that the Commission intends to allocate to Outreach in FY 2011 for implementation concurrent with MCC.
- Mr. Goodman further explained that OAPP that contracts and monitors programs while the Commission's charge is to allocate Ryan White Part A/Part B funds to service categories. P&P considers, but is not bound by, OAPP recommendations.
- P&P agreed with the OAPP recommendation to allocate \$21 million to the Medical Outpatient service group of Medical Outpatient/Specialty, Local Pharmacy Program/Drug Reimbursement, and Counseling and Testing in Care Settings. This departs from percentage allocations to ensure current funding levels and service stability. It also consolidates funding in Part A freeing \$1 million of NCC for other purposes and reducing administrative expense.
- P&P also agreed with the OAPP recommendations to allocate the previously approved SPA 1 Service Plan from allocations for the pertinent categories and to re-categorize Case Management (CM), Home-Based as a core medical service consistent with the HRSA designation for the service category.
- OAPP recommended continuing FY 2009 allocations into FY 2010 as numerous categories will go to bid in the next few months. Nine will have new contracts by FY 2010 start with others to follow. OAPP proposed bringing more recommendations to the Commission as solicitations are completed and the schedule for contracts is put in place. P&P did not agree with this recommendation.
- The Consumer Caucus recommended improving access in view of the many seeking public services for the first time due to the economic situation. Services identified to improve access were: Benefits Specialty, Outreach, Health Insurance Premiums/Cost-Sharing, Medical Care Coordination (MCC) and Workforce Re-Entry.
- P&P recommended no allocation to MCC until FY 2011 to permit implementation of TA begun in May 2009.
- Overall recommended increases from the FY 2009 allocations are: 1) Benefits Specialty, new, 2.0%, to increase access to services outside of the Ryan White continuum of care and to maximize Ryan White as funding of last resort; 2) Health Insurance Premiums/Cost-Sharing, new, 1.0%, so clients stay insured to reduce burden on Ryan White-funded medical care; 3) Medical Transportation, increase, 1.9% to 2.7%, to help clients access care in lieu of identified service gap and rising transportation costs.
- Mr. Goodman noted the Commission allocated to Benefits Specialty in FY 2009, but re-allocated it to Case Management, Psychosocial for that year in order to maximize expenditure of funds when various administrative issues stalled implementation.
- Decreases recommended to fund increases: 1) CM, Psychosocial, 8.0% to 7.6%. Benefits Specialty services now provided in CM will shift to the new service which should reduce need for CM need; 2) Treatment Education, 3.3% to 0.0%, a supplementary service that should be regularly offered in MO/S and case management services and is ranked 18 of 38 service categories; 3) Nutrition Support (NS), 1.1% to 1.0%, ranked 20, in lieu of community and NCC resources, cost effectiveness of FY 2009 \$343,000 Ryan White funding to three providers and NS study.
- The next regularly scheduled P&P Committee meeting will be 7/28/2009 to consider contingency planning, if needed; directives, recommendations, guidance and expectations; and any appeals, if received.
- Ms. Cardona, Women Alive, felt Treatment Education review was inadequate especially regarding populations of color, who often distrust medical personnel, and women, who are often reluctant to challenge their physicians. Populations like these, she suggested, are at most risk of poor outcomes from a lack of health literacy.
- Mr. Arguelles, Bienestar, said years ago physicians feared the service would intrude on their care, but now refer clients to him so they can work jointly to improve care. Services are especially important for Spanish-speaking clients and include counseling, medical updates and written materials in Spanish.
- Ms. Valerio, consumer, said Treatment Education counselors provide overall client support including translation as needed. She did not receive treatment assessment from medical providers as they lacked the time.
- Mr. Melendez, Bienestar, said funding to medical services is less effective without Treatment Education to guide the clients. Due to the relationship between the services, he suggested using a small part of medical services funds for Treatment Education.
- Mr. Diaz, Bienestar, has seen clients improve with Treatment Education. At various agencies, he indicated he reported that clients get prescriptions and their instructions, but staff lack time to discuss side effects and resistance. He supported funding Treatment Education from medical.
- Mr. Paredo, Bienestar, emphasized that Spanish-language services are critical for clients' understanding.
- Mr. McDavitt, APLA, reported on an on-going three-year study of Treatment Education funded by NIH with research from APLA, Harvard, Cal State Dominguez Hills and Rand Corporation. One-third of the 121 APLA study clients received Treatment Education. Of those, 10% missed doses in the prior week and overall took 92% of their doses compared to 38% who missed doses and had 72% adherence among those not receiving Treatment Education.

- There were qualitative interviews with 36 clients and medical providers. Many clients distrusted government and/or medical care systems and were more comfortable initiating services in community-based settings to discuss concerns and fears, validate accurate treatment information, discuss health issues and address holistic issues.
- Mr. Page noted 40% of the Consumer Caucus identified a need for Substance Abuse (SA), but none is allocated. Ms. Watt noted allocations have not changed from FY 2009 to FY 2010 with 6.5% to Residential and 0.0% to Treatment. The County Alcohol and Drug Treatment program provides non-Ryan White resources.
- Mr. Engeran-Cordova responded that no one suggests Treatment Education is unimportant, but only that it be better integrated in the system of care consistent with MCC. He agreed cultural competency is an issue in some settings, but felt it should be addressed by better training medical staff already conversant with all the treatment issues. Mr. Johnson added that the Commission continually seeks out information to inform its decisions and has spent two years developing a MCC model that will result in improved Treatment Education.
- Mr. Giugni asked if Benefits Specialty could be combined with HIP/CS. Mr. Goodman noted they are related, but Benefits Specialty advocates for people to access services while HIP/CS is a pilot program to financially assist people to retain private insurance.
- Mr. O'Brien pointed out that people will advocate for services being cut, but never for new initiatives at risk. Outreach would have targeted PWH who are not in care. Its 1% was taken to restore NS while NS is studied, but it should be acknowledged that people will be hurt by that decision as well.
- Ms. Broadus felt other streams of funding are not reflected accurately as they use different grant cycles that can cause funding gaps. She supports Benefits Specialty, but felt it best embedded in MO/S and CM, Medical. She also suggested demographic information on HIP/CS to ensure it did not unduly benefit the affluent rather than the disadvantaged.
- She agreed MO/S and CM standards of care include Treatment Education, but noted they also include Outreach. Treatment Education, however, pertains to health literacy and cultural competency as well as language. She felt studies demonstrate health professionals do that poorly. She supported funding it while studying it further.
- Mr. Land has heard many minimum-wage PWH fear layoff, reduced hours and benefits. Resources like family are also stressed. Benefits Specialty and HIP/CS help these access services or maintain private insurance. Budget stress means the system may have to constrict as demonstrated by Treatment Education and, possibly, Outreach.
- Mr. Butler said many lose insurance by not moving through Care/HIPP in time and was concerned HIP/CS could have the same problem. Ms. Cross clarified that state Care/HIPP requires people to be disabled or pursuing disability and transitioning to Medicare/Medi-Cal, but circumstances have changed since it began. Many now need help due to layoffs or increased premiums. She worked with OA to expand the program, but there is no funding to do so.
- Mr. Pérez reiterated his support for OAPP's recommendations to not change allocations due to the volatile economy. Beyond that, OAPP supports Benefits Specialty and agrees HIP/CS will offer significant system cost savings. OAPP does not endorse increasing Medical Transportation, as it receives about \$1 million and warrants streamlining.
- It does not endorse 0.0% for Treatment Education as some populations need a treatment education booster. He felt it ill-conceived to expect existing medical infrastructure to adapt to offer it. OAPP backfill should not be assumed. MO is already pressured without resources for TMP, ADAP support or Medi-Cal screening.
- ➡ Mr. McDavitt agreed to provide data on the Treatment Education study at APLA to the P&P Committee.

MOTION 3A (Page/Broadus): Refer FY 2010 Allocations back to the Priorities and Planning Committee for further consideration (*Failed: 5 Ayes; 15 Opposed; 0 Abstentions*).

MOTION 3B (O'Brien/Sotomayor): Call the question (*Passed: 17 Ayes; 5 Opposed; 0 Abstentions*).

MOTION 4: Approve FY 2010 Allocations, as presented (*Passed: 16 Ayes; 4 Opposed; 2 Abstentions*).

Service Category	FY 2010 Rankings	FY 2010 Allocations	FY 2009 Allocations
Medical Outpatient/Specialty	1	\$21M ¹	58.0%/1.5%
AIDS Drug Assistance Program (ADAP)/ADAP Enrollment	2	0.0%	0.0%
Local Pharmacy Program/ Drug Reimbursement	3	\$21M ¹	0.0%
Benefits Specialty	4	2.0%	0.0%
Oral Health Care	5	3.7%	3.7%
Mental Health, Psychiatry	6	2.5%	2.5%
Mental Health, Psychotherapy	7	6.5%	6.5%
Case Management, Medical	8	1.5%	1.5%
Case Management, Psychosocial	9	7.6%	8.0%

Early Intervention Services	10	0.0%	0.0%
Health Insurance Premiums and Cost Sharing	11	1.0%	0.0%
SuBenefits Specialty Abuse, Residential	12	6.5%	6.5%
SuBenefits Specialty Abuse, Treatment	13	0.0%	0.0%
Residential, Transitional	14	0.0%	0.0%
Residential, Permanent	15	NF ²	NF ²
Outreach	16	0.0%	0.0%
Medical Transportation	17	2.7%	1.9%
Treatment Education	18	0.0%	3.3%
Medical Nutrition Therapy	19	1.0%	1.0%
Nutrition Support	20	1.0%	1.1%
Legal	21	0.0%	0.0%
Case Management, Transitional	22	1.5%	1.5%
Direct Emergency Financial Assistance	23	0.0%	0.0%
Case Management, Housing	24	0.0%	0.0%
Language/Interpretation	25	0.0%	0.0%
Skilled Nursing	26	2.0% ³	2.0% ³
Home Health Care	27	0.0%	0.0%
Case Management, Home-based	28	1.0%	1.0%
Hospice	29	2.0% ³	2.0% ³
Child Care	30	0.0%	0.0%
Workforce Entry/Re-entry	31	0.0%	0.0%
Rehabilitation	32	0.0%	0.0%
Health Education/Risk Reduction	33	0.0%	0.0%
Counseling and Testing in Care Settings	34	\$21M ¹	0.0%
Referrals	35	0.0%	0.0%
Peer Support	36	0.0%	0.0%
Respite Care	37	0.0%	0.0%
Psychosocial Support	38	0.0%	0.0%

Bolded services are core medical services.

¹ Medical Outpatient/Specialty services include Local Pharmacy Program/Drug Reimbursement and Counseling and Testing in Care Settings.

² Not fundable by Ryan White Program Parts A and B.

³ The allocation is combined for these two service categories.

- Mr. Goodman added the Committee will reconvene to address any changes to the Ryan White award or state budget.

2. **Joint P&P/Operations Committee Meeting:** There was no report.

B. Joint Public Policy (JPP) Committee: The current Public Policy Issues Docket—2009 was in the packet.

1. **State Budget Cuts:**

- Mr. Engeran-Cordova thanked staff, Ms. Cross and Mr. Baker of OAPP for the updated Policy Briefs. They are being widely distributed, were in the packet and on the Commission website.
- He reported Dr. Michelle Roland, Director, OA, is considering cutting all prevention resources to Los Angeles and San Francisco jurisdictions based on their direct receipt of direct federal CDC funds. It is important to advocate for state funds, including completion of state surveys, as these jurisdictions carry the greatest burden of disease. State funds support about two-thirds of prevention funding. There is no CDC Maintenance of Effort (MOE) requirement.
- Mr. Vincent-Jones said, if accepted, the precedent of diverting CDC funds from Los Angeles and San Francisco could be applied to care and treatment. There are nine care and treatment EMAs and TGAs that might be cut.
- He added the Budget Conference Committee clearly instructed that their \$1 million cut to surveillance and epidemiology studies was to spare core surveillance, but OA is looking at cutting it though it is needed to establish Ryan White funding. Los Angeles has 40% of state cases, so a cut impacts Part A and the State's Part B awards.
- Mr. Vincent-Jones emphasized advocacy to state legislators, the state Department of Public Health and County officials. Letter writing/calling campaigns are needed to resist these cuts. Talking points are in Policy Brief #5.

- Mr. Engeran-Cordova noted, while OA surveys can be seen as seeking democratic input, they can also be used as a shield to divert criticism of cuts. He encouraged people completing them to assess them carefully.

MOTION 4A: (*Butler/Bailey*): Send a letter to the Department of Public Health and the State Office of AIDS (OA) expressing Commission on HIV dire concerns about OA proposed cuts and their survey (*Passed by Consensus*).

2. ***Health Reform:***

- Ms. Cross provided an overview of federal health reform. She will detail proposals in August. Kaiser Family Foundation provides a side-by-side comparison chart at <http://www.kff.org/healthreform/sidebyside>. Ryan White will still be needed as none of the plans are seamless or cover all potential clients.
- California has a higher percentage of uninsured and those on public health programs, higher cost for private insurance, and lower percentage of those with group coverage than the national averages. In LA County, 33.2% are uninsured and two of five depend on public health benefits. Ryan White clients are counted among the uninsured, so California will disproportionately benefit from efforts to increase those insured.
- The single payer option, which would cover everyone through one system, has waned in support. Instead, proposals seek to expand the three current primary methods of supporting care by moving more people onto insurance, Medicare and Medicaid. These particularly affect California as cuts to Medi-Cal now will affect care in the future, there is a lack of Medi-Cal providers, and Ryan White providers are unaccustomed to insurance plan interaction.
- President Obama supports eight principles rather than a specific plan. They are: protect family financial health, e.g., from catastrophic illness; affordable coverage; aim for, but not require, universal coverage; portability; guarantee choice, e.g., of physician and plan; prevention/wellness; patient safety/quality care; financial sustainability.
- Key issues are how to pay for reform and whether to offer a public (government) option to ensure competition. Medicare did not use a public option when adding the drug benefit which led to lower coverage and increased costs.
- HIV Health Access Working Group principles are: improve Medicare by ending 24-month wait period, mandating HC/T coverage and expanding Part D; expand Medicaid to all below 200% FPL with state ETHA option; comprehensive, mandatory benefits package; allow increase of federal funds in economic crises; mandatory HC/T; universal private insurance access to affordable, comprehensive, quality plan; immigrant coverage; cultural competency; innovation incentives; mental/oral health parity; and note public program and data collection import.
- Consumers can advocate for health care reform by sharing their stories at www.aidschicago.org.
- Mr. Sotomayor asked about the FPL. Ms. Cross said 100% of FPL is an income level of about \$10,000 per year.

C. **Standards of Care (SOC) Committee:**

1. ***Grievance Policy and Procedure:*** This item is pending HRSA comment.
MOTION #5: Approve the Grievance Policy and Procedures, as presented (*Withdrawn*).
2. ***Standards of Care:***
MOTION #6: Approve the Outreach Standard of Care, as presented (*Passed as part of the Consent Calendar*).
3. ***Evaluation of Service Effectiveness:*** Documentation on implementation will be presented at the August meeting.
4. ***Comparative Effectiveness Research:*** Work is on-going.
5. ***Medical Care Coordination TA:*** TA has begun with the first meeting with the consultant.

D. **Operations Committee:**

1. ***Member Nominations:***
MOTION #7: Nominate Jennifer Sayles, MD, for the Part B representative seat, Stephen Simon for the City of Los Angeles seat, and Fredy Ceja for the District 1 consumer seat and forward to the Board of Supervisors for appointment (*Passed as part of the Consent Calendar*).
2. ***Miscellaneous:***
 - Mr. Johnson reminded commissioners with outstanding renewal applications to submit them.
 - He noted new commissioners were coming forward, but the need for consumer application recruitment continues.

11. **PREVENTION PLANNING COMMITTEE REPORT:**

- Mr. Giugni said there was a report at the 7/2/2009 meeting on the rate of diagnosis at varying points in the course of HIV disease, e.g., early or late related to when first tested. The study draws on a population similar to the County.
- Dr. Frye noted that the 2007 incidence estimate was about 3,100 new infections. That is higher than previous estimates of 2,000 to 3,000. Prior to that the estimate was about 1,500. The new tool is much more accurate as it targets those infected in the last six months. It should be very helpful for surveillance and prevention.
- Sophia Rumanes reported that HC/T contracts equaled \$4.9 million to local providers versus the \$8.6 million they requested. There were 54 proposals submitted with 32 funded for 22 separate agencies. Contracts begin 7/1/2009.

12. CO-CHAIRS' REPORT:

- A. Joint Commission/PPC Integration Task Force:** The Task Force will include three people from each body to address on-going mutual issues including the continuum of care.
- B. Annual Meeting:** The meeting will be 11/12/2009, 8:30 am to 5:00 pm, at the California Endowment.

13. EXECUTIVE DIRECTOR'S REPORT:

- In response to a request from Mr. Engeran-Cordova, Mr. Vincent-Jones reported he incorporated OAPP comments into the MOU and returned it to OAPP in March 2009. Mr. Pérez said discussions are continuing at OAPP.
- ➡ Mr. Pérez agreed to provide an update on status of the MOU at OAPP in writing.

14. STATREATMENT EDUCATION OFFICE OF AIDS (OA) REPORT: There was no report.

15. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

- Mr. Pérez reported HE/RR contracts have been extended for three months with a 25% reduction. This is a temporary strategy while state budget resources are finalized.
- He emphasized OAPP's dedication to the continuum of care means cuts to one area will be distributed across all services. OAPP has asked for OA to allow greater flexibility in distributing their cuts statewide and within local jurisdictions.
- He expressed concern that the tenor in Sacramento continues to suggest epidemic epicenters, particularly Los Angeles and San Francisco, can be harmed to hold other areas harmless. He has talked to Dr. Roland about it, but she has suggested it in conference calls and other settings. Her best case scenario is a 50% cut to the County's prevention portfolio.
- OAPP responded to initial OA care/treatment and prevention surveys. Dr. Frye responded to the surveillance survey. Mr. Pérez said OAPP expressed concern about survey premises and presumptions. He felt it inappropriate to be asked to suggest how to distribute \$8 million in prevention resources when resources are \$32 million.
- Mr. Pérez did not respond to the most recent surveys as he felt that level of information from stakeholders was inappropriate. There is a California HIV Planning Group that can speak holistically. There was also no information on weighting responses.
- He reported OA is not distributing Therapeutic Monitoring Program (TMP) vouchers. Dr. Sayles, Medical Director, has sent a letter to MO providers asking they review their budgets and adjust them to incorporate diagnostic services. Most providers have agreed to do that on a month-to-month basis. The Public Health Lab has also sent a letter offering some assistance.
- The monthly County TMP cost is \$250,000 for a slightly higher proportion (40%) than other jurisdictions, from the State's annual \$8 million in vouchers. Depending on state actions, OAPP will do what is needed to maintain diagnostic services.
- Mr. O'Brien agreed diagnostic services are essential to medical services, but his agency spends \$5,000 per week or \$300,000 per year. Grants do not cover all medical care costs, so an on-going loss of vouchers would mean cutting two to four staff.
- Mr. Pérez noted other contracted services that have continued for over a week without a State funding commitment: ADAP enrollment, C/T, HE/RR, and Home-Based Case Management, for which the state ordinarily funds seven providers directly.
- Mr. Vincent-Jones recalled OAPP reported a year or so earlier that staff felt there were inefficiencies in the use of TMP vouchers and was studying how to improve the system. Mr. Pérez replied about \$2.2 million of the \$3 million is used for quarterly viral loads. An algorithm guide is being prepared to ensure phenotype and genotype is ordered appropriately. Meanwhile, however, more cases are being diagnosed which is increasing the need.

16. HIV EPIDEMIOLOGY PROGRAM REPORT:

- Dr. Frye, Director, reported HARS was shut down as of 6/30/2009 with 42,000 cases reported. Reporting is now shifting to eHARS which has more complicated data entry for more detailed surveillance. Case reports continue to be collected and investigated, but are not being entered as yet.
- Mr. Land asked about emailed case reports. Dr. Frye said no reports should be emailed or faxed. They are accepted if received, but the sender is immediately notified not to do it again.

17. BENEFITS REPORT:

- Ms. Cross reported the Governor has declared a state of emergency and called a special session of the Legislature due to the budget. The special session provides 45 days to pass the budget and prohibits consideration of other legislation until passage.
- State IOUs will be issued in lieu of some state payments, but generally not to those with public benefits. Policy Brief #6 in the packet and on the Commission website provides more information.
- Optional Medi-Cal benefits ended as of 7/1/2009. Physician services remain covered, e.g., an ophthalmologist is covered while an optometrist or optician is not. Emergency dental services (e.g., due to a car accident) are covered as a medical services.

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- The Governor reported 7/6/2009 that the deficit has increased by \$2 billion. He is proposing additional budget cuts in particular to CalWorks and IHSS, which he identified as requiring more fraud administrative oversight.

18. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: This item was postponed.

19. CONSUMER CAUCUS REPORT:

- The SPA 5 “Meet the Grantee” will be at the Ken Edwards Center, 1527 4th Street, Santa Monica, 8/6/2009, 5:30 to 9:00 pm. Mr. Braswell encouraged advertising the meeting. Mr. Alexander sent out an invitation.
- The regular Consumer Caucus meeting will follow the Commission meeting.

20. TASK FORCE REPORTS: Mr. Aviña said the Latino TF meeting, OAPP, 10:00 am to 12:00 noon, has moved to 7/24/2009.

21. SPA/DISTRICT REPORTS: There were no reports.

22. COMMISSION COMMENT: There were no reports.

23. ANNOUNCEMENTS: Mr. Ballesteros, JWCH, reported a County-funded SSI outreach to homeless will start in September.

24. ADJOURNMENT: Mr. Braswell adjourned the meeting at 1:40 pm.

- A. Roll Call (Present):** Alexander, Aviña, Bailey, Braswell, Ballesteros, Broadus, Butler, Daar, Engeran-Cordova, Frye, Giugni, Goodman, Johnson, Kochems, Land, Long, Negrete, O’Brien, Orozco/Osario, Page, Palmeros, Pérez, Sotomayor, Watt

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MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2: Approve the minutes from the June 11, 2009 Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Approve the Consent Calendar with Motions 4 and 5 preserved for later consideration.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3A (Page/Broadus): Refer FY 2010 Allocations back to the Priorities and Planning Committee for further consideration.	<i>Ayes:</i> Aviña, Broadus, Giugni, Negrete, Page <i>Opposed:</i> Alexander, Bailey, Braswell, Daar, Engeran-Cordova, Goodman, Johnson, Kochems, Land, Long, O'Brien, Palmeros, Sotomayor, Watt <i>Abstentions:</i> None	MOTION FAILED Ayes: 5 Opposed: 15 Abstentions: 0
MOTION 3B (O'Brien/Sotomayor): Call the question.	<i>Ayes:</i> Alexander, Bailey, Ballesteros, Braswell, Butler, Daar, Engeran-Cordova, Goodman, Johnson, Kochems, Land, Long, O'Brien, Orozco, Palmeros, Sotomayor, Watt <i>Opposed:</i> Aviña, Broadus, Giugni, Negrete, Page <i>Abstentions:</i> None	MOTION PASSED Ayes: 17 Opposed: 5 Abstentions: 0
MOTION #4: Approve FY 2010 Allocations, as presented.	<i>Ayes:</i> Alexander, Bailey, Ballesteros, Braswell, Butler, Daar, Engeran-Cordova, Goodman, Johnson, Kochems, Land, O'Brien, Orozco, Palmeros, Sotomayor, Watt <i>Opposed:</i> Aviña, Broadus, Giugni, Negrete <i>Abstentions:</i> Long, Page	MOTION PASSED Ayes: 16 Opposed: 4 Abstentions: 2
MOTION 4A (Butler/Bailey): Send a letter to the Department of Public Health and the State Office of AIDS (OA) expressing Commission on HIV dire concerns about OA proposed cuts and their survey.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #5: Approve the Grievance Policy and Procedures, as presented.	<i>Withdrawn</i>	MOTION WITHDRAWN
MOTION #6: Approve the Outreach Standard of Care, as presented.	<i>Passed as part of the Consent Calendar</i> <i>Abstentions:</i> Long	MOTION PASSED Abstentions: 1
MOTION #7: Nominate Jennifer Sayles, MD, for the Part B representative seat, Stephen Simon for the City of Los Angeles seat, and Fredy Ceja for the District 1 consumer seat and forward to the Board of Supervisors for appointment.	<i>Passed as part of the Consent Calendar</i> <i>Abstentions:</i> Long	MOTION PASSED Abstentions: 1